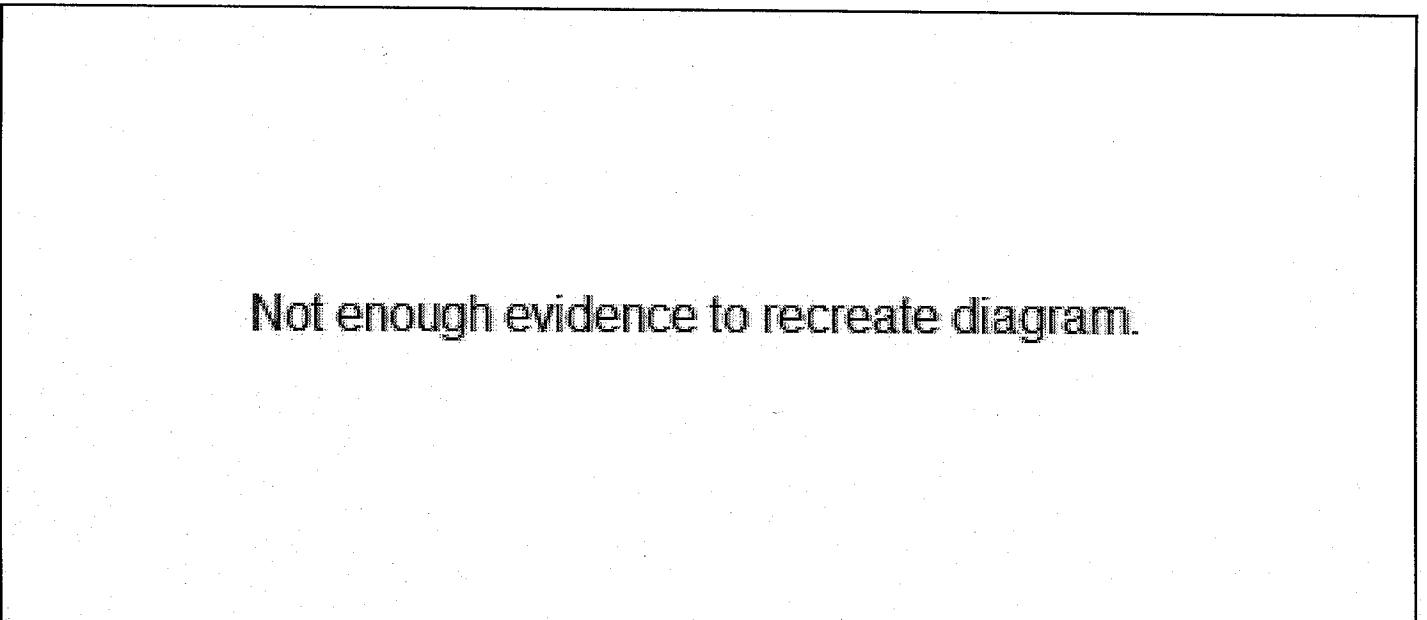


1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI						
SPACE USED FOR BARCODE				Maryville Police Department MO0740200						
LEFT THE SCENE		DRIVER NO.		CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			0	0	20-0316	
NO. VEH INV	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE			
1	02/29/2020	1500	03/02/2020	0900	03/03/2020	1600	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING				DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
	<input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell / Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh. / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle In Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Unknown <input type="checkbox"/> Falling / Shifting Cargo <input type="checkbox"/> (Set in motion by MV)	<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Unknown <input type="checkbox"/> (Explain)			
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.										
<p>1. Does this crash involve any of the following? <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.</p> <p>1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes - Go to number 2. →</p> <p>2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:</p> <p>2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.</p> <p>2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.</p>										
EVIDENTIARY PHOTOS TAKEN		BY WHOM				AVAILABLE FROM				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		207				<input checked="" type="checkbox"/> Investigating Agency MDPS				
RECONSTRUCTION		BY WHOM				AVAILABLE FROM				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Investigating Agency				
2 - LOCATION										
COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD/MM/SS.S FORMAT)						
074	MARYVILLE 1640			LAT	LONG					
ON	702 S MAIN STREET	RDWY/DIR	DISTANCE FROM	LOCATION	INTERSECTING					
SPEED LIMIT	ROAD MAINTAINED BY	<input type="checkbox"/> Unknown	NA	<input checked="" type="checkbox"/> NA	N/A					
				Feet						
				Miles						
TRAFFICWAY					ROAD ALIGNMENT	ROAD PROFILE				
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided	<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Straight <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Curve	<input type="checkbox"/> Level <input type="checkbox"/> Uphill	<input type="checkbox"/> Downhill <input type="checkbox"/> Mud / Dirt	<input type="checkbox"/> Dip <input type="checkbox"/> Hillcrest			
<input type="checkbox"/> Two-Way; Divided; Positive Median Barrier							<input type="checkbox"/> Unknown (Explain)			
INTERSECTION TYPE		<input checked="" type="checkbox"/> NA	ROAD CONDITION							
<input type="checkbox"/> 4-Way Intersection <input type="checkbox"/> T-Intersection	<input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout	<input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Dry <input type="checkbox"/> Wet	<input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost	<input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt	<input type="checkbox"/> Standing Water <input type="checkbox"/> Freezing (Temp)	<input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Moving Water <input type="checkbox"/> Severe Crosswind			
ROAD SURFACE			WEATHER CONDITION							
<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt	<input type="checkbox"/> Brick <input type="checkbox"/> Gravel	<input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface	<input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow	<input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp)	<input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind			
LIGHT CONDITION										
<input type="checkbox"/> Daylight	<input type="checkbox"/> Dark-Lighted	<input type="checkbox"/> Dark-Unlighted	<input type="checkbox"/> Dark-Unknown Lighting	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unknown (Explain)					
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES										
<input type="checkbox"/> None										
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.										
<input type="checkbox"/> MoDOT					<input type="checkbox"/> County	<input type="checkbox"/> Municipality				
COENEN ELECTRIC COMPANY 702 S MAIN ST, MARYVILLE, MO 64468 RETAINING WALL DAMAGE TO LANDSCAPING BRICKS										
4 - WITNESS										
<input checked="" type="checkbox"/> None Identified		<input type="checkbox"/> Additional Witnesses In Narrative								
NAME		ADDRESS (Street, City, State, Zip)				PHONE NUMBER				
5 - PEDESTRIAN										
<input checked="" type="checkbox"/> NA		<input type="checkbox"/> Law Enforcement Officer		<input type="checkbox"/> Other Emergency Services Personnel		<input type="checkbox"/> MoDOT Worker		<input type="checkbox"/> Other Trafficway Worker		
NO.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)						PHONE NUMBER		
DATE OF BIRTH		SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION			
				<input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk	<input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway		<input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown			
CROSSING ROAD		<input checked="" type="checkbox"/> NA	OTHER ACTIONS	<input type="checkbox"/> NA / None						
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown		<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	<input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	<input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)				
SCHOOL INFO.										
<input type="checkbox"/> Going To / From School		<input type="checkbox"/> Getting On / Off School Bus		<input type="checkbox"/> Both Of The Above		<input type="checkbox"/> Unknown (Explain)				
PROBABLE CONTRIBUTING CIRCUMSTANCES										
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs		<input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain)		<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
DISTRACTION / INATTENTION CODE(S)										
ALCOHOL USE										
DISTRIBUTION: COPY - AGENCY FILE ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC RECORDS DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102 SHP-2R 01/19										

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1 N E <input checked="" type="radio"/> S W U N E S W U N E S W U N E S W U N E S W U N E S W U	INDICATE NORTH
			
INDICATE ROAD NAMES		DIAGRAM NOT TO SCALE	

Not enough evidence to recreate diagram.

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO 1 DRIVER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER (660) 528-0756																																																																															
1 ORUGANTI, PRASANNA L 1010 N WALNUT ST, MARYVILLE 64468																																																																																											
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT																																																																																	
013A084001		MO	<input type="checkbox"/> NA	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqualified CDL	<input type="checkbox"/> CDL Class	<input type="checkbox"/> MC Only	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other																																																																																		
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS	EJEC	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input checked="" type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh																																																																														
05/06/1995		F	FL	5	1	2	1	U	NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Other (Explain)																																																																														
PROOF OF INSURANCE		INSURANCE COMPANY				<input type="checkbox"/> Expired		PHONE NO: (Optional)		PHONE NUMBER		<input type="checkbox"/> NA																																																																															
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		GEICO						800-841-3000		6002144365		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle																																																																															
7B VEHICLE OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												SAD																																																																															
YEAR		MAKE				MODEL				COLOR	VEH. TYPE	TOTAL NO. OF OCC.																																																																															
2004		CHEV				IMPALA				GRY	GRY	1	1																																																																														
LICENSE PLATE NO		STATE	YEAR	VIN						TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE																																																																															
LA0H7X		MO	2020	2G1WF52E549185245						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																																																														
VEHICLE DAMAGE (Mark all damaged areas)												None / No Damage																																																																															
INITIAL IMPACT NO												TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																																																															
<table border="1"> <tr> <td>(2)</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>18 - Undercarriage</td> <td>22 - Cargo</td> <td colspan="4"></td> </tr> <tr> <td></td> <td>1</td> <td>15</td> <td>16</td> <td>17</td> <td>8</td> <td>19 - Windshield</td> <td>23 - Unknown</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> NA</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td>20 - Burned</td> <td>24 - Other</td> <td colspan="4"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>21 - Towed Unit (Explain)</td> <td></td> <td colspan="4"></td> </tr> <tr> <td colspan="12"></td> </tr> </table>												(2)	3	4	5	6	7	18 - Undercarriage	22 - Cargo						1	15	16	17	8	19 - Windshield	23 - Unknown					<input type="checkbox"/> NA	2					20 - Burned	24 - Other											21 - Towed Unit (Explain)																																					
(2)	3	4	5	6	7	18 - Undercarriage	22 - Cargo																																																																																				
	1	15	16	17	8	19 - Windshield	23 - Unknown																																																																																				
<input type="checkbox"/> NA	2					20 - Burned	24 - Other																																																																																				
						21 - Towed Unit (Explain)																																																																																					
VEHICLE BODY TYPES Automobiles / Specialty Vehicles												<input type="checkbox"/> Vehicle Used As Public Conveyance																																																																															
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (> 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School												<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown		<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Single-unit Trunk; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units		GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown																																																																									
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA												CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA																																																																															
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") →												<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated		<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input checked="" type="checkbox"/> Unknown (Explain)																																																																													
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)												ALCOHOL USE																																																																															
SEQUENCE OF EVENTS CODES		<input type="checkbox"/> Unknown										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> NA																																																																															
01 36												36																																																																															
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																																																																																											
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs												<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked		<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park		<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway		<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input checked="" type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)																																																																									
												DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)																																																																															
7E WORK ZONE		TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																																																																															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Workers Present: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)										<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																																																															
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)												DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS PORT	EJEC TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER																																																																							
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA		Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																																																																									
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)												<input type="checkbox"/> SAO		PHONE NUMBER <input type="checkbox"/> SAO																																																																													
COMMERCIAL / NON-COMMERCIAL		<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle										MC / MX / ICC NO.		USDOT NO.																																																																													
CARGO BODY TYPE		<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log										<input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown																																																																															
HAZARDOUS MATERIALS		PLACARD DISPLAYED		4-DIGIT NO.		CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME																																																																																		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																																																				

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER											
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input type="checkbox"/> Operator Class	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT													
			<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> CDL Class	<input type="checkbox"/> MC Only	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA													
			<input type="checkbox"/> NA	<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	<input type="checkbox"/> Interim / Grad	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)														
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh											
								<input type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Other (Explain)											
								<input type="checkbox"/> Load on Veh	<input type="checkbox"/> Embankment	<input type="checkbox"/> Parked Veh	<input type="checkbox"/> Stopped Veh	<input type="checkbox"/> Unknown (Explain)											
PROOF OF INSURANCE		INSURANCE COMPANY				<input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA											
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Not Required								<input type="checkbox"/> Driver											
												<input type="checkbox"/> Vehicle											
7B. VEHICLE OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												<input type="checkbox"/> SAD	PHONE NUMBER										
YEAR		MAKE		MODEL				COLOR		VEH. TYPE	TOTAL NO. OF OCC.												
LICENSE PLATE NO.		STATE	YEAR	VIN						TOWED FROM SCENE	TOWED DUE TO DIS	DAMAGE											
VEHICLE DAMAGE (Mark all damaged areas)												<input type="checkbox"/> None / No Damage	TOWED BY	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA								
INITIAL IMPACT NO.		2 3 4 5 6 7	18 - Undercarriage	22 - Cargo						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
		1 15 16 17 8	19 - Windshield	23 - Unknown																			
			20 - Burned	24 - Other																			
			21 - Towed Unit	(Explain)																			
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles												<input type="checkbox"/> Vehicle Used As Public Conveyance											
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School												<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown	<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) <small>(Does not apply to Truck Tractors)</small>	GVW / GCVW RATING (Not Licensed Weight)							
												<input type="checkbox"/> Pickup <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)										
												<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) <small>(Does not apply to Truck Tractors)</small>	<input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown										
EMERGENCY VEHICLE INVOLVEMENT												<input type="checkbox"/> NA	CONTRIBUTING TRAFFIC CONDITIONS										
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")												<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Other Incident Ahead									
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES												<input type="checkbox"/> Additional Codes Listed in Narrative	(See Codes in Section 8)										
SEQUENCE OF EVENTS CODES		<input type="checkbox"/> Unknown										ANIMAL CODE(S)	FIXED OBJECT CODE(S)	ALCOHOL USE									
														<input type="checkbox"/> Yes	<input type="checkbox"/> Unk								
														<input type="checkbox"/> No	<input type="checkbox"/> NA								
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES												<input type="checkbox"/> None											
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs												<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading	<input type="checkbox"/> Object / Obstruction In Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)	DISTRACTED / INATTENTIVE CODE(S)	<input type="checkbox"/> NA						
																(See Codes in Section 8)							
7E. WORK ZONE		TRAFFIC CONTROL		<input type="checkbox"/> None	<input type="checkbox"/> Unknown							CONTROL MALFUNCTIONING / INOPERATIVE / MISSING											
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		<input type="checkbox"/> Electric			<input type="checkbox"/> Flashing Yellow			<input type="checkbox"/> Ramp Meter											
						<input type="checkbox"/> Green/Yellow/Red			<input type="checkbox"/> Flashing Red			<input type="checkbox"/> Other (Explain)											
						<input type="checkbox"/> Stop Sign			<input type="checkbox"/> No Passing Zone			<input type="checkbox"/> Officer / Flagman											
						<input type="checkbox"/> Turn Restricted			<input type="checkbox"/> Signal On School Bus			<input type="checkbox"/> Yield Sign											
						<input type="checkbox"/> Controls			<input type="checkbox"/> Railway Crossing Sign / Device			<input type="checkbox"/> Other (Explain)											
						<input type="checkbox"/> Warning Sign / Device			<input type="checkbox"/> School Zone			<input type="checkbox"/> Unknown											
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)												DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER			
7G. COMMERCIAL MOTOR VEHICLE												<input type="checkbox"/> NA	Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.										
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)												<input type="checkbox"/> SAO	PHONE NUMBER										
												<input type="checkbox"/> SAO											
COMMERCIAL / NON-COMMERCIAL												<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Not In Commerce - Government Vehicle	<input type="checkbox"/> Not In Commerce - Other Vehicle	MC / MX / ICC NO.			USDOT NO.					
												<input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce - Rental Vehicle										
CARGO BODY TYPE												<input type="checkbox"/> Enclosed Box	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Garbage / Refuse	<input type="checkbox"/> Pole Trailer	<input type="checkbox"/> Vehicle Towing Another Veh.	<input type="checkbox"/> Intermodal Container	<input type="checkbox"/> NA (No Cargo Body)	<input type="checkbox"/> Other			
												<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log	<input type="checkbox"/> Chassis	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown				
PLACARD DISPLAYED		4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME																	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
				<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																

8 - CODES

SEAT LOCATION	FR	SR	TR	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known				1. Fatal	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat
B - Pedalcycle	FC	SC	TC	2. Suspected Serious Injury	2. No	4. Removed	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL	SL	TL	3. Evident - Not Disabling	3. EMS	5. Deployed - Front	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger				4. Probable - Not Apparent	3. Other	6. Deployed - Side	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area				5. None Apparent	U. Unknown	7. Deployed - Curtain	5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area				U. Unknown	N. NA	8. Deployed - Other (Knee, Air Belt, etc.)	7. DOT Compliant MC Helmet	15. Other U. Use Unknown
RC - Rail Crew				N. NA			8. No Helmet	N. Not Applicable
SV - Other (Explain in Narrative)								
NA - Not Applicable								

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

V1 was traveling south in the parking lot at 702 S Main St., then collided with the retaining wall.

V1 left scene, without contacting law enforcement.

D1 was later located.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	POST, EMILY	DSN / BADGE NO	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
		207C		
REVIEWING OFFICER NAME	WILSON, WAYNE	DSN / BADGE NO	REVIEWING OFFICER 2 NAME	DSN / BADGE NO
		202A		

Maryville Police Department

101 N Vine St, Maryville, MO 64468

Supplemental Narrative Report

Report Date 03/02/2020 0905	Type of Incident LEAVING SCENE OF ACCIDENT	Complaint No. 20-0316	Case Status
Supplemental Narrative Sequence No. 0001			
Date / Time 03/02/2020 1101	Officer ID / Name 207C POST, EMILY	Secondary Officer ID / Name 207C POST, EMILY	Description INITIAL NARRATIVE
Supplemental Narrative			

On 03/02/2020, at approximately 0900 hours, I, Officer Post, responded to 702 S Main Street Coenen Electric, for a report of property damage.

Upon my arrival, I made contact with the reporting party, later identified as Jennifer McComb. McComb stated that the damage must have happened between the dates of 2/28/2020 and 3/2/2020.

The damaged property is a retaining wall made of landscaping blocks. Some of the blocks on the north side of the retaining wall had been knocked over. Officers did not locate any direct evidence linking the damage to a vehicle, and there were no witnesses during the time the damage took place. The reporting party was unable to provide and estimated expense for repairs at this time, and I have left messages requesting for them to provide it at their earliest convenience.

Coenen Electric does not have video surveillance.

See attached photos.

Nothing further at this time.

Officer 207C POST, EMILY	/ /	Approving Officer 202A WILSON, WAYNE	/ /
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Maryville Police Department

101 N Vine St, Maryville, MO 64468

Supplemental Narrative Report

Report Date Type of Incident
03/02/2020 0905 LEAVING SCENE OF ACCIDENT

Complaint No.: Case Status
20-0316

Supplemental Narrative Sequence No. **0002**

Date / Time	Officer ID / Name	Secondary Officer ID / Name	Description
03/03/2020 0935	207C POST, EMILY	207C POST, EMILY	ADDITIONAL INFORMATION

Supplemental Narrative

On 03/03/2020, at approximately 0930 hours, I spoke with the staff at Coenen Electric, who stated to me that they believe that the replacement expense will be approximately \$500.00. I was also informed that the establishment did not have any camera footage of the property damage taking place.

Nothing further at this time.

Officer **207C POST, EMILY**

/ /

Approving Officer **202A WILSON, WAYNE**

/ /

Maryville Police Department

101 N Vine St, Maryville, MO 64468

Supplemental Narrative Report

Report Date
03/02/2020 0905

Type of Incident
LEAVING SCENE OF ACCIDENT

Complaint No.
20-0316

Case Status

Supplemental Narrative Sequence No. 0003

Date / Time 03/03/2020 1758	Officer ID / Name 207C POST, EMILY	Secondary Officer ID / Name 207C POST, EMILY	Description ARREST
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Supplemental Narrative

On 03/03/2020, I, Officer Post, responded to Coenen's Electric. I spoke to McComb, who stated that she received a phone call from a woman who identified herself as "Prerdu-Morungpi." The caller stated that she had struck the retaining wall at Coenen's over the weekend. The caller left a phone number, and her insurance company name, "Root Insurance," but she refused to leave a policy number. "Morungpi" also stated that she was a college student, but provided no other identifying information.

I attempted to make contact with "Morungpi," via the phone number she provided, but it was found to be a non-working phone number. I contacted Root Insurance Company, and they stated that they did not have coverage over any person by that name.

I made contact with McComb again, and she stated that the phone number on "caller ID" from the initial call was different than the one "Morungpi" provided verbally. McComb gave me the number from the "caller ID", and it was found to belong to a subject by the name of Prasanna Oruganti. The address associated with Oruganti was 1010 N Walnut Street, Maryville, Missouri.

I made contact with Oruganti at 1010 N Walnut, and she stated that she had, in fact, struck the retaining wall on Saturday, February 29th, around 1500 hours. Oruganti stated that she was having a panic attack at the time the collision happened, and that is why she did not contact law enforcement. Oruganti then walked me outside to show me the damage on her 2004 Chevrolet Impala, on the front passenger bumper.

Oruganti was taken into custody at 1610 hours, and was fingerprinted and released from MDPS with Summons #180181745 for Leaving the Scene of an Accident, with a Municipal Court date of 04/07/2020, at 1615 hours, at 415 N Market St., Maryville, Missouri.

Officer 207C POST, EMILY	/ /	Approving Officer 202A WILSON, WAYNE	/ /
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Maryville Police Department

101 N Vine St, Maryville, MO 64468

Entity Report

Report Date
3/2/2020 9:05 AMType Of Offense
LEAVING SCENE OF ACCIDENTComplaint No.
20-0316

Case Status

Entity Information

Roles: REPORTING PARTY, VICTIM

EntityType
BUSINESSEntity Name
COENEN ELECTRIC**Contact**

Title

Last Name

First Name

Middle Name

Suffix

Addresses

Type

Street Address

City

State / Zip Code

Country

702 S MAIN ST**MARYVILLE****Phone Numbers**

Type

Phone

Ext/PIN

Email Addresses

Type

Email Address

(660) 582-4144**NONE****Reporting Party / Complainant**

Statement / Notes

Victim

Victim Type

 Willing to Prosecute

Relation to Suspect

Statement / Notes:

Reporting Officer **207C POST, EMILY**Approving Officer **202A WILSON, WAYNE**

Maryville Police Department

101 N Vine St, Maryville, MO 64468

Uniform Complaint / Summons

Summons No. 180181745	Issue Date/Time 03/03/2020 1610	Complaint No. 20-0316
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Driver Information

Last, First ORUGANTI, PRASANNA L	Sex F	Race A	DOB 05/06/1995	Age	Height	Weight
Street Address 1010 N WALNUT ST	City MARYVILLE	State MO	ZipCode 64468			
Driver License 013A084001	State MO	SSN				

Employer	Address
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Offense / Vehicle Information

Issue Date/Time 03/03/2020 1610	A C.M.V. <input type="checkbox"/>	With Haz Mat <input type="checkbox"/>	Did Unlawfully			
Veh. Year	Vehicle Make	Vehicle Model	Style	Vehicle Color	Weight	
Vehicle License #	License Year	VIN				
Block D702	Dir S	Location / Street MAIN ST			Apt. Suite	
City MARYVILLE	State MO	ZipCode 64468	At Or Near	Geo	Sector	Ward
Description of Violation LEAVING SCENE OF ACCIDENT			Seat Belt Violation <input type="checkbox"/>	Driver License Held <input type="checkbox"/>	License Returned <input type="checkbox"/>	
Driving MPH	When Limited To MPH					
Amended Charges DEFECTIVE EQUIPMENT						
State Statute	Local Code	State Code	Blood Alcohol 0.000			

Court Information

Court Date/Time 06/16/2020 1615	Court MUNICIPAL	Court Division DIVISION IV	
Street Address 415 N MARKET ST	City MARYVILLE	State MO	ZipCode 64468
Court Disposition PG FINED \$300 + \$36.50	Disposition Date/Time 06/16/2020 1615	Fine Amount \$336.50	

NotesReporting Officer **207C POST, EMILY**

Officer

Maryville Police Department

101 N Vine St, Maryville, MO 64468

Arrest ReportReport Date
03/02/2020 0905

Arrest No.	State ID No.	Agency ORI MO0740200	Reference No.
Complaint No. 20-0316	CCH Record N	Local ID No.	FBI No.
Hold Order <input type="checkbox"/>	Agency Held For	Department MARYVILLE DPS	Arrest Classification ORDINANCE VIO

Arrestee

Name (Last, First Middle Suffix) ORUGANTI, PRASANNA L	Race A	Sex F	DOB 05/06/1995	Age at Arrest 24	Age on 29	04/21/2025	Juvenile	SSN	Moniker
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Addresses

Type	Street Address 1010 N WALNUT ST	City MARYVILLE	State	Zip Code 64468	Country USA
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Phone Numbers

Type C	Phone (660) 528-0756	Ext/PIN	Type	Email Address
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Aliases

Last Name	First Name	Middle Name	Suffix	SSN	DOB			
Drivers License 013A084001	Type DRIVERS	State MO	Expires	Restrictions NONE	Marital Status SINGLE	Resident Status R	Ethnicity N	Language

Physical Description

Height	Weight	Build	Skin Color	Complexion	Eyes BRO	Type of Eyewear	Place of Birth	
							City	
Hair BLK		Hair Length	Hair Style	Beard	Mustache	Side Burns	Mannerisms	Country

Scars/Marks/Tattoos

Scar / Mark / Tattoo	Code	Body Location	Short Description	Long Description
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Clothing

Item Type	Color	Markings
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Education

Read/ Write <input type="checkbox"/>	Institution	Last Grade Completed	Status
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Identification Numbers

Local PD #	Local SO #	State #	Military ID #	Branch	Rank
FBI #	NCIC #	DOC #	Passport ID #	Type	Issued By
					Exp. Date

Reporting Officer **207C POST, EMILY**Approving Officer (I) **202A WILSON, WAYNE**

Maryville Police Department

101 N Vine St, Maryville, MO 64468

Arrest ReportReport Date
03/02/2020 0905

Alien Req. Type Issued By Exp. Date

Vehicle Information

License	State	Type	Exp. Year	Exp. Month	Renewal Tag #	VIN
Year	Make	Model	Style		Color Top	Color Bottom

Employment

Company Name	Job Title	Schedule		
Street	City	State Zip Code	Phone No.	Ext

Emergency Contact

Emergency Contact Name	Relationship	Address	Phone No.
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Charge Information

Charge	Cause Number	Local Code	Jurisdiction	State Statute	State Charge Code	Category
				Type/Class	Bond Type	Bond Amount
LEAVING SCENE OF ACCIDENT				577060	577.060-005Y20175400	OTHMIS
				M	CASH ONLY	\$0.00

Arrest Information

Arrest Date / Time	Arresting Officer ID - Name	Booking Date / Time	Booking Officer ID - Name	Booking Number
03/03/2020 1610	207C - POST, EMILY	03/03/2020 1630	207C - POST, EMILY	

Alerts

Caution	Under Watch	Reason for Watch	Under Medication	Type of Medication
	<input type="checkbox"/>		<input type="checkbox"/>	

Arrest Location

Street	City	State	Zip Code	County	
Sector	Precinct	Geo	Ward	Primary Location	Secondary Location

Miranda

First Miranda	Date / Time	Officer ID - Name	Second Miranda	Date / Time	Officer ID - Name
<input type="checkbox"/>			<input type="checkbox"/>		
Location			Location		

Fingerprints

State / NCIC Search	Fingerprint Class	DNA Swab Taken	Transported	Transported By	Transported To
<input type="checkbox"/>		<input type="checkbox"/>			

Attorney Information

Public Defender	Name	Address	Phone No.
<input type="checkbox"/>			

Reporting Officer	207C POST, EMILY	Approving Officer (I)	202A WILSON, WAYNE
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